



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
DIVISION OF CHILD SUPPORT (DCS)

## STATEMENT OF RESOURCES AND EXPENSES

CASE NAME

AP NAME

IV-D CASE #

(Please print all responses)

### I. PERSONAL DATA

1. MY FULL NAME IS		2. BIRTHDATE	3. SOCIAL SECURITY NUMBER	4. PHONE NUMBER
5. MY HOME ADDRESS IS			6. PRESENT MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED	
7. CITY	STATE	ZIP CODE	8. SPOUSE'S NAME	
9. PLACE OF MARRIAGE			10. DATE OF MARRIAGE	11. NUMBER OF CHILDREN LIVING IN MY HOME

### II. EMPLOYMENT DATA

1. OCCUPATION		2. I AM PRESENTLY <input type="checkbox"/> EMPLOYED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> SELF -EMPLOYED		
3. EMPLOYER'S NAME	4. EMPLOYER'S ADDRESS	CITY	STATE	ZIP CODE
5. UNION'S NAME	6. UNION'S ADDRESS	CITY	STATE	ZIP CODE

#### A. MEDICAL/DENTAL INSURANCE FOR DEPENDENTS

1. MEDICAL <input type="checkbox"/> YES <input type="checkbox"/> NO	2. NAME AND ADDRESS OF INSURANCE COMPANY
3. DENTAL <input type="checkbox"/> YES <input type="checkbox"/> NO	4. NAME AND ADDRESS OF INSURANCE COMPANY

#### B. SELF-EMPLOYED

1. BUSINESS NAME	2. BUSINESS ADDRESS	CITY	STATE	ZIP CODE
3. TYPE OF BUSINESS <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE OWNERSHIP			4. BUSINESS TAX IDENTIFICATION NUMBER	
5. MY BUSINESS BANK ACCOUNTS LOCATED AT				

C. SPOUSE'S EMPLOYMENT					
1. SPOUSE'S SOCIAL SECURITY NUMBER		2. SPOUSE'S OCCUPATION		3. SPOUSE'S EMPLOYER'S NAME	
4. SPOUSE'S EMPLOYER'S ADDRESS		CITY	STATE	ZIP CODE	5. SPOUSE'S UNION AFFILIATION
D. SELF-EMPLOYED SPOUSE					
1. NAME OF SPOUSE'S BUSINESS		2. BUSINESS ADDRESS		CITY	STATE ZIP CODE
3. TYPE OF BUSINESS <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE OWNERSHIP				4. BUSINESS TAX IDENTIFICATION NUMBER	
5. SPOUSE'S BUSINESS BANK ACCOUNTS LOCATED AT					
III. INCOME AND ASSETS DATA					
A. INCOME FROM ALL SOURCES FOR THE PRECEDING MONTH					
1. MY SALARY	2. BUSINESS INCOME	3. SPOUSE'S INCOME	4. OTHER INCOME	5. TOTAL GROSS INCOME	6. TOTAL NET INCOME
B. GROSS INCOME FROM ALL SOURCES FOR THE PRECEDING 12 MONTHS					
1. MONTH	2. MY GROSS	3. SPOUSE'S GROSS	4. SOURCE (EMPLOYER'S NAME)		
C. SAVINGS BONDS					
1. TYPE OF SAVINGS BOND	2. FACE VALUE	3. TYPE OF SAVINGS BOND	4. FACE VALUE		

**III. INCOME AND ASSETS DATA CONTINUED****D. PERSONAL BANK ACCOUNTS**

1. TYPE ACCOUNT	2. BANK NAME AND LOCATION	3. ACCOUNT NO.	4. BALANCE AT END OF LAST MONTH
CHECKING			
SAVINGS			
CREDIT UNION			
OTHER			

**E. STOCKS AND BONDS**

1. DESCRIPTION	2. NO. SHARES	3. PAR VALUE

**F. REAL ESTATE**

I OWN OR AM PURCHASING THE FOLLOWING REAL ESTATE (INCLUDING MY HOME):

1. ADDRESS OR LEGAL DESCRIPTION	2. YEAR ACQUIRED	3. SECURITIES HELD BY

**G. PERSONAL PROPERTY**

I OWN OR AM PURCHASING THE FOLLOWING PERSONAL PROPERTY:

1. TYPE PROPERTY	2. MAKE	3. YEAR	4. LICENSE NO. & DESCRIPTION	5. CONTRACT HELD BY	6. AMT. OWED
AUTO					
AUTO					
BOAT /MOTOR					
BOAT TRAILER					
MOBILE HOME					
CAMPER					
OTHER					
OTHER					
OTHER					
OTHER					
OTHER					

IV. MONTHLY EXPENSES DATA	
A. HOUSING	
1. RENT OR HOUSE PAYMENT	
2. TAXES & INSURANCE (If not covered by above payment)	
TOTAL MONTHLY HOUSING (Add lines 1 & 2)	
B. UTILITIES	
1. HEAT (Gas and Oil)	
2. ELECTRICITY	
3. WATER, SEWAGE, GARBAGE	
4. TELEPHONE	
5. OTHER: (Specify)	
TOTAL MONTHLY UTILITIES (Add lines 1 - 5)	
C. FOOD	
1. FOOD FOR _____ PERSONS	
2. MEALS EATEN OUTSIDE MY HOME	
3. OTHER: (Specify)	
TOTAL MONTHLY FOOD (Add lines 1 - 3)	
D. CHILD CARE	
1. DAY CARE/BABY SITTING FOR _____ CHILDREN	
2. CLOTHING	
3. SCHOOL TUITION FOR _____ CHILDREN	
4. CHILD SUPPORT PAYMENTS MADE FOR CHILDREN NOT LIVING WITH YOU	
5. OTHER CHILD RELATED EXPENSES (List):	
TOTAL MONTHLY CHILD CARE (Add lines 1 - 5)	
E. TRANSPORTATION	
1. VEHICLE PAYMENT OR LEASE	
2. INSURANCE	
3. LICENSE	
4. FUEL & ROUTINE MAINTENANCE	
5. PARKING	
6. OTHER: (Specify)	
TOTAL MONTHLY TRANSPORTATION (Add lines 1 - 6)	
F. CLOTHING	
1. WORK CLOTHING	
2. OTHER CLOTHING	
TOTAL MONTHLY CLOTHING (Add lines 1 & 2)	

IV. MONTHLY EXPENSES DATA CONTINUED		
G. HEALTH CARE		
1. MEDICAL AND DENTAL INSURANCE PREMIUMS		
2. UNINSURED DENTAL, ORTHODONTIC, MEDICAL, AND EYE CARE		
3. OTHER UNINSURED HEALTH CARE EXPENSES (List):		
TOTAL MONTHLY HEALTH CARE (Add lines 1 - 3)		
H. PERSONAL		
1. HAIR CARE/PERSONAL CARE		
2. EDUCATION		
3. BOOKS, NEWSPAPERS, & MAGAZINES		
4. OTHER: (List)		
TOTAL MONTHLY PERSONAL (Add lines 1 - 4)		
I. OTHER RECURRING MONTHLY EXPENSES AND PAYMENTS		
1. PAID TO	2. DEBT BALANCE	3. MONTHLY PAYMENT
TOTAL OTHER RECURRING MONTHLY EXPENSES AND PAYMENTS (Add the 13 lines above)		
J. TOTAL MONTHLY EXPENSES (Add all <b>TOTAL</b> lines in the Monthly Expenses Data sections A through I)		
<p>I declare, under penalty of perjury under the laws of Washington State, that the information I provided on this form is true, correct, and complete to the best of my knowledge. I understand that Washington State may prosecute me for fraud for any intentional false statement or misrepresentation. I understand that my statements are subject to verification by the Department of Social and Health Services.</p>		
SIGNATURE		DATE